

STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
OFFICE OF CIVIL RIGHTS
869 Punchbowl Street, Room 112
Honolulu, Hawaii 96813
Telephone No.: 808-587-2023 Fax No: 808-587-2025
TTY: 808-587-2210

DISADVANTAGED BUSINESS ENTERPRISE (DBE) CHANGE AFFIDAVIT

Name of Firm: _____

Address: _____

Telephone No.: _____ FAX No.: _____ E-mail: _____

Gross Annual Receipts: _____ \$ _____
Specify Period (Month/year to Month/year) As Reported on U. S. Tax Returns

Nature of Business: _____

If any change in ownership interest and/or control of the firm exists, please provide the following information:

<u>Name</u>	<u>*Ethnicity</u>	<u>Sex</u>	<u>Ownership %</u>	<u>Control %</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Ethnicity:

- BA** Black American (any of the Black racial groups of Africa);
HA Hispanic American (Mexican, Puerto Rican, Dominican, Cuban, Central or South American, Portuguese, or other Spanish culture or origin);
NA Native American (American Indian, Eskimo, Aleut, or Native Hawaiian);
APA Asian Pacific American (Persons whose origins are from Japan, China, Macao, Hong Kong, Taiwan, Korea, Vietnam, Laos, Thailand, Malaysia, Indonesia, Cambodia, Philippines, Samoa, Guam, the U.S. Trust Territories of the Pacific Islands, Fiji, Tonga, and Northern Marianas);
WA White American;
SAA Subcontinent Asian American (Persons whose origins are from India, Pakistan, Bangladesh, Bhutan, Maldives Island, Nepal or Sri Lanka);
OG Any other group whose members are designated as socially and economically disadvantaged by the Small Business Administration.

I certify that each disadvantaged owner is socially and economically disadvantaged. The foregoing information is true and accurate and reflects changes to the original application and to other subsequent changes that were on file with the Hawaii State Department of Transportation. Attached is the first page of the firm's U.S. Corporate, Partnership or Individual Tax Returns that substantiates the firm's business size and gross receipts.

_____ Title

_____ Date

Print or Type Name

Signature

Affidavit

I authorize the State Department of Transportation to make inquiries as necessary to verify the accuracy of the statements made and to determine my continued eligibility as a DBE. I certify the above and the statements contained in the attachments are true and accurate as of _____. The information provided is for the purpose of determining eligibility for the DBE program.

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and establish the applicant's continued eligibility to participate in the DBE program. Further, the undersigned agrees to permit an onsite review of the company's operation as well as the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds for terminating the firm's eligibility as well as any contract that may be awarded and for initiating action under Federal and/or State laws concerning false statements.

Name of Firm

Name

Title

Signature

Date

On this _____ day of _____, _____ before me personally appeared _____ who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly authorized by _____ to execute the affidavit and did

Name of Firm

so as his or her free act and deed.

Notary Public _____ Commission expires

{Seal}

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Instructions for Completing the Change Affidavit

1. The Change Affidavit must be completed and submitted annually (except in the year the firm is due for re-certification) to the Hawaii Department of Transportation within 30 days of the firm's anniversary date, or whenever there are significant changes to the firm. Significant changes include:
 - a. Changes to the ownership or control of the firm;
 - b. Changes to the firm's addresses and/or telephone contact numbers;
 - c. Changes in the personal net worth of the individual owners; or
 - d. Changes in the business size that would cause the firm to exceed the maximum size standards.
2. Complete and sign the Change Affidavit in front of a Notary Public.
3. Attach the first page of the firm's most recent completed U.S. Income Tax Returns, or Schedule C of the owner's U.S. Individual Income Tax Returns.
4. Return the Change Affidavit to:

State of Hawaii
Department of Transportation
Office of Civil Rights
DBE Section
869 Punchbowl Street, Room 112
Honolulu, Hawaii 96813